

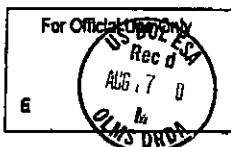
U.S. Department of Labor
Office of Labor-Management
Standards
Washington DC 20210

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2008

This report is mandatory under P.L. 86-257 as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U <u>9432</u>	2 Fiscal Year Covered From <u>01 / 01 / 04</u> Through <u>12 / 31 / 04</u>
3 Name and address of person filing Name <u>Robert A. Kevles</u> P.O. Box, Bldg. Room No. if any Street <u>1616 Thompson Pl SW</u> City <u>HILSVAN</u> State <u>GA</u> ZIP Code + 4 <u>30047</u>	4 Name, file number, and address of labor organization Name <u>COMMUNICATIONS WORKERS OF AMERICA</u> Labor Organization File Number <u>069624</u> P.O. Box, Building and Room Number, if any Street <u>2700 N.W. 280 E #207 W</u> City <u>Birmingham</u> State <u>AL</u> ZIP Code + 4 <u>35223</u>
5 Position in labor organization <u>Staff Representative</u>	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name, if any) Name <u>Bell South Telecommunications</u> Trade Name, if any <u>Bell South</u> P.O. Box, Bldg. Room No. if any Street <u>1155 Peachtree St N.E.</u> City <u>ATLANTA</u> State <u>GA</u> ZIP Code + 4 <u>30309</u>	7 a Nature of Interest, Transaction, or Income <u>JOINT MANAGEMENT/UNION CONTRACT TRAINING COMPANY PAID FOR LOGGING</u> 7 b Amount <u>77.28</u>

Signature

16. Signature and verification: The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Robert A. Kevles

On

8/11/05
Date

205-811-2036
Telephone Number

Name of Person Filing _____	File Number U _____
-----------------------------	---------------------

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8. Name and address of Business (including trade name if any) Name _____ Trade Name if any _____ P O Box Bldg Room No. if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	9 Business deals with <input type="checkbox"/> a Labor Organization <input type="checkbox"/> b Trust <input type="checkbox"/> c Employer
---	--

10 If 9 b or 9 c. is checked give trust or employer's name Name _____ Trade Name if any _____ P O Box, Bldg. Room No. if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	11 a Nature of such dealing 11 b Approximate dollar value of such dealing. 12 a Nature of interest held or income received 12 b Amount
--	---

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any) Name _____ Trade Name if any _____ P O Box Bldg Room No. If any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	14 a Nature of payment 14 b Amount of payment.
---	---

13 b. Is the Business an Employer or Consultant ? _____	
---	--

- You are a local union president. An employer outside the jurisdiction of your local offers your 20-year old daughter a paid summer internship on the understanding that you will seek to have your members go on strike against an employer who is one of their competitors. Your daughter's income and benefits from the internship are reportable.
- You are an officer of a national union. Your wife is hired as a senior executive of an employer on the understanding that your union will not seek to organize that employer. Your wife's interest in the employer and any payments or benefits she received from it are reportable.

Who must sign Form LM-30?

Form LM-30 must be signed by the union officer or the employee required to file it.

When is the filing deadline?

Labor organization officers and employees must file Form LM-30 within 90 days after the end of their fiscal year.

Where do I file Form LM-30?

The completed Form LM-30 must be mailed to: U.S. Department of Labor
ESA/OLMS Room N 5616
200 Constitution Avenue, NW
Washington, DC 20210-0001

Are Form LM-30 reports available to the public?

Yes, all reports required to be filed under the LMRDA are public information. You can view and print Form LM-30 reports for the year 2000 and later at www.union-reports.dol.gov. You can also order earlier reports at this Web site. In addition, Form LM-30 reports may be examined, and copies purchased, at the OLMS Public Disclosure Room at the above address.

How can I get more information?

Additional information about Form LM-30 is available on the Internet at www.olms.dol.gov. You can also contact the nearest OLMS field office listed below or send an e-mail to olms_public@dol.gov.

OLMS Field Offices

Staff is available to answer questions about the LMRDA at OLMS offices in the following cities:

Atlanta, GA	(404) 562-2083	Detroit, MI	(313) 226-6200	Miami, FL	(954) 356-6850	Pittsburgh, PA	(412) 395-6925
Birmingham, AL	(205) 731-0239	Grand Rapids, MI	(616) 456-2335	Milwaukee, WI	(414) 297-1501	St. Louis, MO	(314) 539-2667
Boston, MA	(617) 624-6690	Guaynabo, PR	(787) 277-1547	Minneapolis, MN	(612) 370-3111	San Francisco, CA	(415) 848-6567
Buffalo, NY	(716) 551-4976	Honolulu, HI	(808) 541-2705	Nashville, TN	(615) 736-5906	Seattle, WA	(206) 398-8099
Chicago, IL	(312) 596-7160	Houston, TX	(713) 718-3755	New Haven, CT	(203) 773-2130	Tampa, FL	(813) 288-1314
Cincinnati, OH	(513) 684-6840	Indianapolis, IN	(317) 614-0013	New Orleans, LA	(504) 589-6174	Washington, DC	(202) 513-7300
Cleveland, OH	(216) 357-5455	Kansas City, MO	(816) 502-0290	New York, NY	(646) 264-3190		
Dallas, TX	(972) 850-2500	Las Vegas, NV	(702) 388-6126	Newark, NJ	(732) 750-5661		
Denver, CO	(720) 264-3231	Los Angeles, CA	(213) 534-6405	Philadelphia, PA	(215) 861-4818		

U.S. Department of Labor
Employment Standards Administration
Office of Labor Management Standards
Revised 6/2005